Cardiff U3A
Expenses Claim Form

Name:

Membership Number:

Date Submitted:

Date(s)	Description of Claim. Please give full detail.	£	p	Tick if receipt(s) attached
	Total:			

I certify that the above expenses have been incurred as a result of Cardiff U3A business and are in line with the Cardiff U3A Expenses Policy (see overleaf).

Signed:

Approved by: